

Soft Starters



Fault Feedback Form / RMA Application

1.1. End-User information:

COMPANY NAME	<input type="text"/>
ADDRESS	<input type="text"/>
PHONE NUMBER	<input type="text"/>
FAX NUMBER	<input type="text"/>
E-MAIL	<input type="text"/>
CONTACT PERSON	<input type="text"/>

1.2. General information about equipment and application:

MODEL NUMBER	<input type="text"/>
SERIAL NUMBER	<input type="text"/>
DATE OF INSTALLATION	<input type="text"/>
DATE OF FAILURE	<input type="text"/>

1.3. Information on purchase:

DEALER NAME	<input type="text"/>
COUNTRY / CITY	<input type="text"/>
DATE OF PURCHASE	<input type="text"/>

2.1. Description of failure

Error code on display (if available):	<input type="text"/>
General description of failure:	<input type="text"/>
Additional information:	
a) For what kind of application the soft starter is used?:	<input type="text"/>
b) Type of load at motor shaft:	<input type="text"/>

Note:

Please fill-in this Fault Feedback Form / RMA Application and send it to your local authorised Advanced Control industrial equipment service and repair or directly to central service and support centre.

Contact information and address of central Advanced Control Service and Support Centre:

Advanced Systems Baltic OÜ
Punane 73,
13619 Tallinn, Estonia.
Phone: +372 62 28 220,
Fax: +372 62 28 221
e-mail: info@advcontrol.eu